

Application or Doctor Number

101614141

(Column 1) (Column 2)

OR: OTHER THAN SMALL ENTITY

* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
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3		

OR OTHER THAN
SMALL ENTITY

1/18/06

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.